

## 2024-2025 READ Plan for

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Date current plan initiated:

### Student Demographics

Name:

Gender:

DOB:

SASID:

School:

Grade:

Classroom Teacher:

Other identified plans (check all that apply):

IEP

GT

504

OTHER

### READ Plan History

Is this a continuation of a plan from a previous school year? Yes No

If YES, Date first READ plan initiated:

Number of years on READ Plan:

Unmet goals/objectives from prior year's READ plan:

Intervention program(s) used in prior school year:

Frequency/Duration/Intensity of the intervention:

Does the student continue to have a Significant Reading Deficiency and require additional, more rigorous strategies and intervention instruction to assist the student in attaining reading competency, as required by the READ Act (C.R.S. 22-7-1206(7)(a)(I))? Yes No

Comments:

## Screening Results

**Screening Assessment:**

**BOY Composite Score:**

**Achievement Status:**

**BOY Subtest scores**

**Assessment:**

**Score:**

**Status:**

**Assessment:**

**Score:**

**Status:**

**Assessment:**

**Score:**

**Status:**

**Comments:**

**MOY Composite Score:**

**Achievement Status:**

**MOY Subtest scores**

**Assessment:**

**Score:**

**Status:**

**Assessment:**

**Score:**

**Status:**

**Assessment:**

**Score:**

**Status:**

**Comments:**

**EOY Composite Score:**

**Achievement Status:**

**EOY Subtest scores**

**Assessment:**

**Score:**

**Status:**

**Assessment:**

**Score:**

**Status:**

**Assessment:**

**Score:**

**Status:**

**Comments:**

**Additional Screener:**

**Score:**

**Comments:**

## Diagnostic Results

**Diagnostic Assessment:**

**Results of the Diagnostic Assessment:**

**Diagnostic Assessment:**

**Results of the Diagnostic Assessment:**

## Additional Formative Data

**Comments:**

## Specific Early Literacy Skill Need(s)

**Student's Strengths:**

**Data indicates specific skill deficit(s) in the following area(s) (check all that apply):**

Phonemic Awareness      Phonics      Fluency      Vocabulary  
Oral Language      Comprehension

**Area(s) of Greatest Need/Targeted Instructional Focus:**

Phonemic Awareness      Phonics      Fluency      Vocabulary  
Oral Language      Comprehension

## Core Programming (Tier I/Universal Instruction)

List the core program the student receives and any supplemental programs or services.

**Core Reading Program:**

**Frequency:**

**Duration:**

**Student/Teacher Ratio:**

**Supplemental Programs or Services:**

**Frequency/Duration of program or service:**

## **Intervention Programming (Tier II/III Instruction)**

Select a program that addresses the student's specific literacy skill deficits.

**Intervention Program:**

**Start Date:**

**Instructor Name/Title:**

**Frequency:**

**Duration:**

**Student/Teacher Ratio:**

**End Date:**

**Reason for ending intervention programming:**

**Comments:**

**Intervention Program:**

**Start Date:**

**Instructor Name/Title:**

**Frequency:**

**Duration:**

**Student/Teacher Ratio:**

**End Date:**

**Reason for ending intervention programming:**

**Was the program successful in remediating the student's specific skill deficit?**      Yes      No

**Comments:**

## READ Plan Goal(s), Objectives, & Progress Monitoring

- Goals should clearly identify the skill being targeted, the time frame for achieving the goal, and the assessment used to measure it.
- Goals should be specific, ambitious yet attainable, realistic, and timely.
- Consider referencing the CDE minimum competencies standards and Colorado Academic Standards when creating goals.
- List the goals in order of priority and align objectives for progress monitoring to the outlined goals.
- Objectives are subcomponents of the overarching goal and should be aligned to the specific skills needed to accomplish that goal.
- Objectives are targeted, specific, and measurable and should break down the overarching goal into smaller units of time.
- Objectives help determine if the student is on track for achieving the aligned goal. Generally, the frequency of progress monitoring objectives is recommended every 7-10 days.

### Goal #1:

Select Area of Focus:

MOY GOAL STATUS:

EOY GOAL STATUS:

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

Short-Cycle Data Driven Decision:

Comments:

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

Short-Cycle Data Driven Decision:

Comments:

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

**Short-Cycle Data Driven Decision:**

**Comments:**

**Goal #2:**

**Select Area of Focus:**

**MOY GOAL STATUS:**

**EOY GOAL STATUS:**

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

**Short-Cycle Data Driven Decision:**

**Comments:**

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

**Short-Cycle Data Driven Decision:**

**Comments:**

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

**Short-Cycle Data Driven Decision:**

**Comments:**

**Goal #3:**

**Select Area of Focus:**

**MOY GOAL STATUS:**

**EOY GOAL STATUS:**

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

**Short-Cycle Data Driven Decision:**

**Comments:**

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

**Short-Cycle Data Driven Decision:**

**Comments:**

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

**Short-Cycle Data Driven Decision:**

**Comments:**



## Family Component

Home implementation strategies discussed with the parent(s) that will support services received at school:

### Parent Communication

Date	Communication Summary	Comments

Signatures (optional)

Classroom Teacher:

Date:

Administrator:

Date:

Parent/Guardian:

Date:

Parent/Guardian:

Date:

Other(s):

Date:

## **End of Year READ Plan Summary for**

**Date of End of Year Review:**

**EOY Assessment Score(s):**

**Achievement Status:**

**READ Plan Status:**

**Does the student continue to have a Significant Reading Deficiency and require additional, more rigorous strategies and intervention instruction to assist the student in attaining reading competency, as required by the READ Act (C.R.S. 22-7-1206(7)(a)(I))?**

Yes

No

**If the student will continue on a READ plan for a second or subsequent consecutive school year, what unmet goals and/or objectives should be continued in the updated READ plan?**

**Intervention Programming Summary:**

Describe the interventions the student received, including frequency, duration and intensity of the intervention, as well as the student's response to the intervention. Include where the student left off in the intervention at the end of the year and whether it is recommended that the student continue with the intervention in the next school year.

**Data Analysis Summary:**

Narrative of student strengths, areas of need, and recommendations for support in the subsequent school year: